

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St NW		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1619.77

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Michael Lausch

09/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Morgan Bommer-Guinn

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
113 Tibbet Rd.

Amount

62.83

City
ColumbusState
OHZip Code
43202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCalendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Lawrence Cason

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
1329 E. Deshler Ave.

Amount

62.83

City
ColumbusState
OHZip Code
43206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCalendar Year-To-Date Per Election
for Office Sought

251.32

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Paula Chapman

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
3437 Paris Blvd

Amount

84.06

City
WestervilleState
OHZip Code
43081Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCalendar Year-To-Date Per Election
for Office Sought

504.36

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

209.72

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Barbara Clark

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
189 Macenroe Rd.

Amount

67.65

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 256.14Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Dan Costigan

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
2786 Chester Rd

Amount

88.26

City State Zip Code
Upper Arlington OH 43221Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 529.56Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
95 W. 1st Ave. Apt. 1

Amount

112.34

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 674.04Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

268.25

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Adam Duncan

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
6637 Wallbridge St.

Amount

62.83

City State Zip Code
Columbus OH 43229Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Dustin Durbin

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
6306 Stevens Rd

Amount

67.65

City State Zip Code
New Washington OH 44854Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 405.90Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Adam Haase

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
24 W. Tompkins St

Amount

62.83

City State Zip Code
Columbus OH 43202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

193.31

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10991135290
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jennifer Harrison

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address
3389 Oaklawn St

Amount

62.83

City State Zip Code
Columbus OH 43224

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 376.98

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
CheVonda Hicks

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address
2467 Waterfall Lane

Amount

62.83

City State Zip Code
Columbus OH 43209

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 62.83

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Rashay Layman

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address
453 Seibert St

Amount

88.26

City State Zip Code
Columbus OH 43206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 529.56

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

213.92

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Alexandra Looper-Friedman

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

261 N. Ardmore Rd

Amount

62.83

City

Bexley

State

OH

Zip Code

43209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Diana Losaw

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

1429 Cemetery Hill Dr

Amount

62.83

City

Hilliard

State

OH

Zip Code

43026

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Allen Martin

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

1621 E Kossuth St.

Amount

62.83

City

Columbus

State

OH

Zip Code

43206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

188.49

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Victor Miller

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
3894 Easton Square Pl

Amount

62.83

City State Zip Code
Columbus OH 43219Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 62.83Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Ruth Oditt

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
1481 Bryden Rd

Amount

88.26

City State Zip Code
Columbus OH 43205Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 353.04Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Jihad Seifullah

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0Mailing Address
5459 Coachman Rd

Amount

92.68

City State Zip Code
Columbus OH 43220Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 12
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 556.08Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

243.77

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Robert Smith

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

477 Independence Rd. Apt. 311

Amount

62.83

City

Columbus

State

OH

Zip Code

43212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

840 Steltzer Rd

Amount

50.99

City

Columbus

State

OH

Zip Code

43219

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

458.91

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
John Wilson

Date

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Mailing Address

861 Reinhard Ave

Amount

62.83

City

Columbus

State

OH

Zip Code

43206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 12

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PAULA L BROOKS

Calendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

176.65

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **9 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Brian Wright

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address
2306 Waters Edge Blvd

Amount

62.83

City	State	Zip Code
Columbus	OH	43209

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

District: 12

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCalendar Year-To-Date Per Election
for Office Sought

376.98

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
William Young

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Mailing Address
565 Hickok Ct.

Amount

62.83

City	State	Zip Code
Delaware	OH	43015

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

District: 12

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
PAULA L BROOKSCalendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

125.66

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1619.77